

Name of College¹
(Illinois) Medical Corpsman to Practical Nurse Program
College's Prefix and Course (Program?) Number
Master Syllabus

Credit Hours: 6

Credit hours: Total=6
Lecture= 2
Lab/ Clinical=4
Total Clock Hours: 210
Lecture/Didactic 30
Clinical/ Lab Hours 180 (includes skills validation hours)

Plus Exam Hours: 2 for final exam

Program Length: 8 weeks (This program is an 8 week course/ program. Students who complete will do so in an eight week time period and receive six credit hours as delineated above.)

Course/ Program Developer: A consortium of representatives from Illinois Community Colleges and the Illinois Community College Board².

Catalog Description

Addresses differences in competencies between the Medical Education and Training Campus (METC) Basic Medical Technician Corpsman Program and those of a practical nursing program as delineated in the Illinois Nurse Practice Act. Upon successful course completion, students will be awarded a Practical Nurse Certificate and be eligible to sit for the practical nurse licensing exam (NCLEX-PN).

Pre-Enrollment Criteria

Successful completion of the METC Basic Medical Technician Corpsman Program* within the last five years. If more than five years, at least one year of experience using corpsman skills within the last five years.

*Navy B-300-0010 Hospital Corpsman (HM-0000), Air Force Phase 1 L8AQJ4N031 01AA, Aerospace Medical Service Apprentice Course (4N031)

Clinical Site requirements:

¹ This is a standard syllabus to be used at colleges in Illinois. Variable text (depending on college) is highlighted; or wherever the word "college" is used, the specific college submitting the application for approval would put in their own name if so desired.

² (see Appendix A for list of the people and colleges comprising the Steering Committee and Advisory Board, the program developers.

Clinical site requirements will be defined in the college's clinical facility agreements and will be included in the program/courses admissions criteria for each college.

Program Methods of Instruction: Hybrid

Lecture, on-line didactic and self-study, discussion, demonstration, supervised clinical experiences in patient care facilities and simulation lab.

Program Outcomes:

Goal: "Success" will be a graduate from an approved Military Corpsman to PN certificate program who passes the NCLEX-PN and is able to safely practice as an entry level Licensed Practical Nurse in Illinois.

- Graduates will possess the knowledge skills and abilities necessary to practice safely as a practical nurse.
- Graduates will be awarded a Practical Nursing certificate.
- Graduates will successfully pass the NCLEX-PN and attain Illinois licensure as LPN.
- Graduates will gain employment (as LPNs) after passing NCLEX-PNs.
- Graduates of this program offering see a substantial cost savings compared to the graduate of a traditional PN program.

Student Learning Outcomes/Objectives

Upon successful completion of the program the student will be able to:

1. Differentiate the role and legal scope of practice of the Licensed Practical Nurse (LPN) from that of the corpsman and other healthcare team members.
2. Demonstrate the role and legal scope of practice of the LPN.
3. Utilize the nursing process in collaboration with other healthcare team members and patients/families to address health care needs of individuals/ families across the life span and in a variety of health care settings, including end-of-life decisions. (Emphasis will be on care of the elderly and in long term care facilities.)
4. Provide safe, culturally sensitive care to patients while keeping within the scope of practice of the LPN and utilizing the nursing process.
5. Perform skills commonly delegated to and within the scope of practice of the LPN including collecting data and reporting patient responses relative to designated skills.
6. Administer medications within the LPN scope of practice.
7. Communicate with patients, families, and members of the interdisciplinary health care team incorporating interpersonal and therapeutic communication skills.
8. Manage information technology related to communicating and providing patient care.
9. Describe the purpose and significance of health promotion, identify factors for patients' readiness to learn and discuss/develop in collaboration with a registered nurse, a teaching plan for patients of various ages.
10. Demonstrate understanding of the basis for nursing actions, considering research, evidence, tradition and patient socio-cultural, ethnic and spiritual preferences.
11. Demonstrate professional accountability, competency, and compliance with legal and ethical standards in LPN practice.

The Illinois Department of Finance and Professional Regulations has further defined the competencies below as required for the Medic to PN certificate program. They have been “cross walked” with the Learner Outcomes for the Medic to PN certificate program as noted in the **Curriculum Map for Medic to PN course/certificate** which begins on page 9.

1. Differentiate the scope of practice of the licensed practical nurse, as delineated in the Illinois Nurse Practice Act, from that of the corpsman and other members of the interdisciplinary health care team.
2. Demonstrate the role of the licensed practical nurse as a health care team member in utilizing the nursing process to address the health care needs of individuals/families across the life span and in a variety of settings.
3. Collaborate with the registered nurse and other members of the health care team to organize and incorporate assessment data to plan/revise patient care and actions based on established nursing diagnoses, nursing protocols, and assessment and evaluation data. (NAPNES)
4. Effectively communicate with patients, families, and members of the interdisciplinary health care team incorporating interpersonal and therapeutic communication skills. (NAPNES)
5. Participate in health teaching and counseling to promote, attain, and maintain the optimum health level of patients, as delegated. (IL Nurse Practice Act)
6. Incorporate compassion; empathy; cultural awareness and sensitivity; and knowledge of growth and development, spirituality, socioeconomic status, and patient preferences in providing nursing care.
7. Safely manage information technology related to communicating and providing patient care.
8. Collaborate with the patient/family and health care team in creating and maintaining a safe environment for the delivery of health care.
9. Demonstrate safety in the administration of medications to include knowledge of the methods of administration to individuals across the lifespan, mode of action of commonly used classifications of drugs, anticipated side effects, possible adverse effects, and evaluation of patient response to medications used for common health problems.
10. Describe common issues and the role of the licensed practical nurse surrounding end-of-life care including symptom management, advance directives, advocacy, artificial nutrition and hydration, communication, cultural implications, care of family/significant others, and grief and mourning to promote a respectful, peaceful death.

11. Promote optimal function and health through managing care of patients/residents in a long term care setting based on an understanding of normal aging changes and common elder concerns as loss, accidents, chronic illness, and caregiver stress.
12. Differentiate the approach of the licensed practical nurse to promoting and supporting the emotional, mental and social well-being of patients.
13. Demonstrate safe performance of skills commonly delegated to the licensed practical nurse including collecting data and reporting patient responses relative to designated skills.
14. Demonstrate professional behaviors of accountability and professionalism according to the legal and ethical standards for a competent licensed practical nurse. (NAPNES)

The Illinois Department of Financial and Professional Regulation Division of Professional Regulation further espouses that students who complete this course will meet the graduate competencies of the practical/vocational nurse as delineated by the National League for Nursing.

1. Promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team. (Human Flourishing)
2. Provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a family context. (Nursing Judgment)
3. Assess how one's personal strengths and values affect one's identity as a nurse and one's contributions as a member of the health care team. (Professional Identity)
4. Question the basis for nursing actions, considering research, evidence, tradition, and patient preferences. (Spirit of Inquiry)

Illinois Department of Financial and Professional Regulation Division of Professional Regulation (IDFPR). (2010). State of Illinois Nurse Practice Act.

National Association for Practical Nurse Educators and Service (NAPNES). (2007). *Standards of practice and educational competencies of graduates of practical/vocational nursing programs*. Silver Spring, MD: Author. Retrieved from: http://napnes.org/drupal-7.4/sites/default/files/pdf/standards/standards_read_only.pdf

National Council State Boards of Nursing. (NCSBN). (2010). NCLEX-PN® Examination: *2011 Test plan for the National Council Licensure Examination for licensed practical/vocational nurses*. Retrieved from: https://www.ncsbn.org/2011_PN_TestPlan.pdf

National Federation of Licensed Practical Nurses, Inc. (NFLPN). (2003). *Nursing practice standards for the licensed practical/vocational nurse*. Raleigh, NC: Author. Retrieved from: <http://www.nflpn.org/practice-standards4web.pdf>

National League for Nursing. (NLN). (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing*. New York, NY.

Textbooks:

Cooper and Gosnell, Foundations and Adult Health Nursing, 7th Edition (2015). Mosby/Elsevier.

Current drug textbook of choice.

Skills manual.

NOTE:

The Illinois Nurse Practice Act requires faculty for practical nursing programs to be Illinois licensed RNs with a BSN; however, it is strongly recommended that the faculty in this certificate have a master's degree with a major in nursing.

Average appropriation of learning time/schedule example:

REQUIRED:

On-line theory; 30 hours
 Final exam: 2 hours
 Clinical: 158 hours (may include Simulation)
 Lab/Skills validation: 22 hours (includes final skills exam)

Week	Monday (hrs)	Tuesday (hrs)	Wednesday and Thursday (hrs)		Friday (hrs)
1	On-line classroom: Module I and Module II Skills theory (4 hrs)	Lab – review and validation of skills previously learned (7 hrs)	Clinical (7 hrs each day) <ul style="list-style-type: none">• Observe and shadow LPNs and other team members.• Discuss differences between corpsman and other scopes of practice and opportunities for skills demonstration.• Discuss with team members the nursing process and identify steps in the process for specific patients.• Interview and assess a patient.• Identify health care needs.• Discuss ethical dilemmas in clinical setting with health team members.		Quiz on-line
2	On-line classroom: Module III (4 hrs)	Clinical (8 hrs each day)			Quiz on-line Lab (4 hrs)
3	On-line classroom: Module III (cont) (4hrs)	Clinical (8 hrs each day)			Quiz on-line
4	On-line classroom: Module III (cont) and IV (4 hrs)	Clinical (8 hrs each day) Begin medication administration			Quiz on-line Lab (4 hrs)
5	On-line classroom: Module IV (4 hrs)	Clinical (8 hrs each day)			Quiz on-line
6	On-line classroom: Module V (2 hrs)	Clinical (8 hrs each day)			Quiz on-line Lab (4 hrs)
7	On-line classroom: Module V (cont) and Module VI (4 hrs)	Clinical (8 hrs each day)			Quiz on-line
8	On-line classroom: Module VI continue and final exam review (4 hrs)	Open lab for skills practice as needed (not required)	Standardized PN test (required) Final Skills Exam (3 hrs)	Study day	Final exam (4 2)

Participation Policies:

EXAMINATIONS

The final examination will be 40% of the final grade. It will be a statewide (identical exam administered at each college at the end of the program) examination developed by the nursing departments and faculty at the participating colleges. Each college will submit questions which will be approved and deposited in a test pool. Questions will be chosen from the pool by a statewide test committee and will cover all of the course content.

Assessment of Achievement Levels of Student Learning Outcomes:

Each content area (module) will include a “module completion assessment” consisting of both a written quiz and completion of clinical objectives and assignments for that module. These assessment tools will be due at the end of the module to measure ongoing progress. Each module’s assessment will comprise 10% of the final grade (six modules=60%)

Standardized NCLEX Predictor Exam:

Students will be required to take a standardized “predictor” exam, which purpose is to assist the student in assessment of his/her readiness to take the NCLEX-PN. Results of this test will not be factored into the student’s grade but the student will be counseled regarding weak and strong areas and will be given options for improving his/her likelihood of success on the licensing exam.

(Note regarding program evaluation: Comparison and resulting analysis of relationship between course grade and “grade” on the preparatory exam along with other variables will be done by each college and submitted to the STATEWIDE DATA BASE for program evaluation purposes.)

GRADING SCALE

% range	Grade
93-100	A
84-92.9	B
78-83.9	C
70-77.9	D
Below 70	F

The student’s final grade must be at least a C (78%) in order to pass the program.

Module grades will be aggregate and averaged, i.e. one grade for each module and each module will count for 10 % of the overall final grade.

Any module completed with an aggregate grade of less than 78%, must be repeated with a module grade of at least a C before completion of the course. The numeric value of exams and final course grades will not be rounded.

PROGRAM POLICIES AND PROCEDURES

This program will be conducted according to policies and procedures approved by the college, as described in the College Catalog and Nursing Department policies, as described in the Department Student Handbook, under Military Medic to LPN Transition Program. The Department Student Handbook is available via the Department webpage. This handbook contains policies on testing, grade computation/grading scale, absence/make-up, and uniform requirements. The handbook also includes reference for college-wide policies on academic dishonesty, professional behavior, grade grievance, and withdrawal/readmission. Students are required to abide by the policies as stated in the handbook. Additional policies and procedures may be required by specific instructors and/or clinical facilities. Any additional policies and procedures will be identified by such instructors.

ABSENTEE POLICY

Students will not be admitted to the program after the first day of classes.

All students are expected to attend all classroom and clinical experiences. In order for the student to achieve success, attendance and promptness is required. The student should exercise good judgment when ill so as not to endanger personal well-being and the well-being of others. If a student is unable to attend a clinical practicum for any reason, both the faculty person and the clinical site must be notified as soon as possible prior to the start of the clinical day. If a student is unable to attend any program instructional session for any reason, the faculty person must be notified prior to the session. Any absence will need to be made up per an agreement with the instructor. If more than one week (five days) is missed, the student must withdraw and apply for readmission according to the readmission policy. No incompletes are granted in the medic to LPN program.

WITHDRAWAL

Students who earn a grade below "C" (78%) in any one module will be allowed to repeat that module at the end of the program but before he/she can take the final exam. Students who earn a grade below "C" in more than one module will be automatically withdrawn from the program at the point of the failure of the second module.

Students who withdraw from the program will be recorded within the department as withdrawn passing or failing.

READMISSION

A student who withdraws failing must reapply to the program and will be allowed to do so only one time and without any penalties in the subsequent application process.

Students who withdraw passing (anytime during the semester) from their nursing courses must follow the readmission procedure below. Withdrawal passing does not constitute a failure. If a student is dropped from the program because of physical or emotional jeopardy, even if this is their first failure, the student must appeal to the nursing appeals committee for readmission.

Readmission Procedures

Students seeking readmission into the program must reapply during the next application period and submit their intent to readmit in writing. The letter of intent is to be sent to the Chairperson, Department of Nursing Education. The letter should include reflection on the reason for the interruption as well as progress toward resolution. Readmission requests will be processed in the order in which they are received. Registration for readmission is dependent upon openings in the program. A student can decline readmission one time. If a student declines readmission for a second time, they will be put on the bottom of the readmission list. If a student declines a third time, they will be removed from the readmission list,

Time limits on readmission

Students seeking readmission to the program, following a time lapse of two consecutive years, must submit a letter requesting readmission to meet with an instructor designated by the Department Chair and set up review or retest of all skills. Other prescriptive requirements may be added based on individual needs as a requirement for reacceptance. Each case will be evaluated on an individual basis and extenuating circumstances will be considered. Active military duty orders are considered extenuating circumstances as are major course changes in the intervening time since the student was first enrolled.

Appeals Process

A student who has exhausted all of his or her automatic readmissions to the program has the right to appeal to be reinstated.

1. The student must notify the Department Chairperson in writing that an appeal is being requested.
2. The Secretary of the Department of Nursing and Allied Health will provide the student with the appropriate paperwork and schedule an appointment with the Appeals Committee.
3. The Appeals Committee will be comprised of 2 nursing faculty members who teach in the program and one staff person from Veterans Affairs.
4. The Department Chairperson will be a non-voting member of the committee except in the case of a tie vote.
5. The Appeals Committee will meet as often as necessary to address appeals for this program.

The decision by the Appeals Committee is final.

Curriculum Map for Medic to PN course/certificate

Module	Course Outcome	IDFPR competency	NLN graduate outcome	Content outline: Focus of Didactic, Lab and Clinical Instruction	Teaching and Learning Methods	Evaluation and Assessment Strategies
I. Professional Practice/ Behavior and Roles (Scope and Legalities)	1, 2, 4, 11	1, 2, 14	3, 4	<p>A. Description of program</p> <ol style="list-style-type: none"> 1. Requirements 2. Goals 3. Objectives 4. Review of Syllabus 5. Student success indicators <p>B. Compare and contrast civilian and military environments</p> <ol style="list-style-type: none"> 1. Healthcare systems 2. Patient care settings and role(s) of the LPN <ol style="list-style-type: none"> a. Hospital b. Long Term Care (LTC) c. Clinic d. Home care e. Community settings 3. Healthcare team roles and responsibilities <ol style="list-style-type: none"> a. Essentials of interdisciplinary collaboration and teamwork 4. Legal and ethical issues <ol style="list-style-type: none"> a. Sources of law <ol style="list-style-type: none"> 1) Civil 2) Criminal 3) Good Samaritan law 4) Professional Liability b. Regulation and governance: <ol style="list-style-type: none"> 1) Nurse Practice Act (NPA) and Rules and Regulations 2) Delegation 3) Reporting 4) Areas of Legal risks <ol style="list-style-type: none"> a) Negligence b) Malpractice c) Confidentiality d) Staffing 5) Legal safeguards <ol style="list-style-type: none"> a) Risk management b) Malpractice insurance c) Incident reporting 	<p>On-line discussion</p> <p>Readings:</p> <ul style="list-style-type: none"> • Cooper and Gosnell, Chp. 1,2, 6, 36, 37, 38, 39 • NPA • ANA Code of Ethics <p>Role playing</p> <p>Group work, posting results to on-line discussion</p> <ul style="list-style-type: none"> • Differentiating roles • Identifying scope of practice <p>Case studies</p> <ul style="list-style-type: none"> • Assault • Invasion of Privacy • False imprisonment • Defamation • Social media and Technology • Code of Ethics violation 	<p>Written exam</p> <p>Contributions to discussion boards on-line</p> <p>Clinical performance</p>

				d) Safeguarding valuables c. Professional 1) ANA Code of Ethics d. Clients rights 1) Mentally Ill 2) Organ donation 3) Religious and cultural believes 4) HIPAA/privacy e. Legal documents 1) Living Will 2) DNR 3) DPA-HC		
II. Practical Nurse Skills Validation	5, 10	13, 6, 8, 10, 11, 7	4	A. Safety is JOB #1 B. Clinical skills 1. Head to toe assessment 2. Cultural and diversity assessment 3. Foley catheter 4. Nasogastric insertion, med, feeding 5. Peripheral IV insertion and site care 6. Tracheostomy care and suctioning 7. Colostomy care 8. Sterile/non-sterile dressing change 9. Vital signs C. Pertinent items to document regarding the procedures D. Observation and objective reporting	On-line discussion Readings: • Cooper and Gosnell, Chp. 7, 8, 9, 10, 11, 12, 14, 15, 18, 19, 20 • Skills manual workbook Skills videos Lab demonstrations and practice e Role playing Review evidence-based practice sources (i.e. articles)	Skills demonstration Application in clinical setting
III. The Nursing Process, care planning and providing safe patient-centered care	3, 4, 5, 7, 8, 10, 11	3, 6, 8, 10, 11, 12	1, 2, 4	A. The nursing process: 1. <u>Data collection</u> : Contribution to identification of nursing diagnoses 2. <u>Planning</u> : The nursing care plan (Collaboration with the RN) 3. <u>Implementation</u> -Nursing interventions appropriate to the role of the LPN 4. <u>Evaluation</u> - Observation, assessment. Response to and revision of the care plan. B. Incorporating standards of practice in care provided to patients. C. Establishing priorities (Maslow's Hierarchy)	On-line discussion Readings: Cooper and Gosnell, Chp. 3, 5, 23-24, 26-28, 30-31 Searches for EBP research Concept mapping Clinical/Simulation	Written exam Clinical evaluation Simulation with demonstrated documentation Demonstration in skills lab Care plans

				<p>D. Evidence Based Practice- Understanding why</p> <p>E. Culturally sensitive care</p> <ol style="list-style-type: none"> 1. Consideration of cultural variables, health behaviors, spirituality and socioeconomic status in planning care. 2. Effect of patient, family and nurse's personal cultural beliefs and practices on nurse-patient and nurse-nurse relationships and patient care. <p>F. Developmental level and care</p> <ol style="list-style-type: none"> 1. Adjusting care for different developmental levels 2. Principles for care at different points across the life span. <p>G. The Elderly Patient</p> <ol style="list-style-type: none"> 1. Biologic and psychosocial theories of aging. 2. Differences between older adults and younger individuals in their response to illness, medications, and hospitalization. 3. Discuss common psychosocial events that occur with the older adult. 4. The role of the LPN in assisting and advocating for patients and families in end of life decision-making. <ol style="list-style-type: none"> a. Symptom management b. Communication c. Cultural implications d. Care of family/significant others e. Grief and mourning 5. Ethical principles and therapeutic communication skills to promote a respectful and peaceful death. <p>H. Concepts and care: A mental health focus in the elderly</p> <ol style="list-style-type: none"> 1. Concepts of mental health 2. Care of patients with psychiatric disorders (anxiety, depression) 3. Care of patients with addictive disorders 4. Care of patients with organic brain syndromes (i.e. dementia, delirium) <p>I. Safety for patients and health care personnel</p> <ol style="list-style-type: none"> 1. Prevention of falls in home and health care environments 	<p>Skills lab/simulation</p> <p>Case studies</p>	<p>Concept maps</p>
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				2. Measures to create a restraint-free environment 3. Infection control 4. Guidelines for employee safety and violence protection programs in the work place.		
IV. Medication administration	6, 8	9	1, 4	A. Legal aspects and the LPN Scope of Practice 1. Federal legislation 2. Nurse practice acts B. Pharmacokinetics 1. Definition 2. Absorption 3. Distribution 4. Metabolism 5. Excretion C. Lifespan 1. Pregnancy 2. Infants 3. Toddlers 4. Pre-School/School Age 5. Adolescents 6. Young/Middle Age 7. Older Adults D. Calculating dosages 1. Formulas 2. Pediatric dosages E. Using the nursing process to administer medications 1. Rights of medication administration 2. Three checks of medication administration F. Medication orders 1. Given by 2. Methods 3. Facility policies 4. Abbreviations 5. Types 6. Essential parts 7. Communication G. Drug Forms H. Routes of Admin 1. Enteral medications a. Indications b. Contraindications c. Principles	On-line discussion Readings: • Cooper and Gosnell, Chp. 21 • Drug Book • Skills book Skills lab demonstrations Med math problems Case studies Clinical experiences Simulation; use of med carts and documentation	Written exam Med math quiz Skills demonstration Clinical performance Simulation

				<ul style="list-style-type: none"> d. Administering oral medications 2. Parenteral medication <ul style="list-style-type: none"> a. Using sterile technique b. Equipment c. Syringes d. Needles e. Ampules f. Vials g. Mixings medications h. Reconstituting meds i. Routes <ul style="list-style-type: none"> 1) Administering a subcutaneous injection 2) Administering an intramuscular injection 3) Administering an intradermal injection 3. Administering medications via peripheral intravenous lines. (piggy back; no push) <ul style="list-style-type: none"> a. Principles b. Procedure c. LPN Scope of Practice 4. Topical drug applications <ul style="list-style-type: none"> a. Skin applications b. Eye applications c. Ear instillations d. Nasal instillations e. Vaginal instillations f. Rectal instillations 5. Administering drugs by inhalation <ul style="list-style-type: none"> a. Principles b. Procedure I. Drug Standards <ul style="list-style-type: none"> 1. Purpose 2. Resources 3. EBP J. Drug Schedules K. Factors influencing drug action <ul style="list-style-type: none"> 1. Age 2. Body weight 3. Gender differences 4. Genetic factors 5. Psychological factors 		
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				6. Illness and disease 7. Time of admin 8. Environment L. Drug Classes 1. Medications 2. Generic name 3. Chemical name 4. Trade name 5. Pharmacology f. Pharmacokinetics M. Nontherapeutic drug use 1. Drug misuse 2. Drug abuse 3. Drug dependence N. Effects of drugs 1. Therapeutic effects 2. Side-effects 3. Drug toxicity 4. Drug allergy 5. Drug tolerance 6. Cumulative effect 7. Drug interaction 8. Idiosyncratic reaction O. Assessing and reporting patient response to medication used for common health problems. 1. Pain management 2. Anxiety 3. Insomnia		
V. Communication	7, 8, 11	4	1, 4	A. Therapeutic communication techniques 1. Verbal and nonverbal communication 2. Listening to the client 3. Understanding the client's needs 4. Clarifying 5. Insight B. Interviewing skills C. Nurse-patient relationship D. Barriers to and factors for consideration in communication techniques 1. Sensory-impaired patient 2. Dementia 3. Age: chronological and developmental 4. Culturally sensitive techniques E. Interpersonal and interprofessional communication-	On-line discussion Readings: Cooper and Gosnell, Chp. 4, 5 Case studies Clinical experiences Simulation Role playing	Written exam Skills lab Clinical performance

				Clarity and precision <ol style="list-style-type: none"> 1. Tactfully questioning orders, directives regarding safety concerns 2. Reporting responsibilities- who, when and how. 3. Delegation- how and when and to/from whom <ol style="list-style-type: none"> a. To the LPN b. To the CNA F. Information Technology and written communication <ol style="list-style-type: none"> 1. Electronic Medical Records 2. Patient confidentiality and HIPAA 3. Physician orders 4. Recording patient care and results/ Charting G. Phone communication dos and don'ts		
VI. Health promotion teaching and learning	9	5, 12	2	A. Provision of Health Education and counseling <ol style="list-style-type: none"> 1. Purpose/Goal 2. Learning readiness 3. Teaching Techniques 4. Implementing the Teaching Plan (developed by the RN) in collaboration with the RN 5. Assessment of learning and understanding B. Definitions of health/wellness/ Levels of prevention C. Promoting and supporting the emotional, mental and social well-being of patients <ol style="list-style-type: none"> 1. Health Assessment /Collecting data 2. Environmental and Lifestyle Assessment data 3. Socio-cultural factors 4. Collaborate with health care team members to develop social, behavioral, environmental and spiritual care plan to promote well-being of the patient. 	On-line discussion Readings: Cooper and Gosnell, Chp. 25, 29, 32 Case studies Clinical experiences Simulation	Teaching plan Written exam Conduct patient teaching exercise Clinical performance

Assessment of Student Learning Objectives

#	Objective	Assessment Strategies
1	Differentiate the role and legal scope of practice of the Licensed Practical Nurse (LPN) from that of the corpsman and other healthcare team members.	Written exam Discussion
2	Demonstrate the <i>role and legal scope of practice of the LPN</i> .	Clinical performance Simulation Care plan activity(s)
3	Utilize the nursing process in <i>collaboration with other healthcare team members</i> and patients/families to address health care needs of individuals/ families <i>across the life span</i> and in a variety of health care settings. Emphasis will be on <i>care of the elderly</i> and in long term care facilities.	Clinical performance Care plans Lab return demo Simulation
4	Provide safe, culturally sensitive care to patients while keeping within the scope of practice of the LPN and utilizing the nursing process.	Clinical performance Care plans Lab return demo Simulation
5	<i>Perform skills</i> commonly delegated within the LPN scope of practice to the licensed practical nurse including collecting data and reporting patient responses relative to designated skills.	Lab return demo Clinical performance Simulation
6	<i>Administer</i> medications within the LPN scope of practice.	Lab return demo Clinical performance Simulation Quiz
7	<i>Communicate</i> with patients, families, and members of the interdisciplinary health care team incorporating <i>interpersonal and therapeutic communication</i> skills.	Clinical performance Care plans Lab return demo Simulation (demo and observation using a rubric) Written exam
8	<i>Manage information technology</i> related to communicating and providing patient care.	Clinical performance Quizzes Observation of role play
9	Describe the purpose and significance of health promotion, identify factors for patients' readiness to learn and discuss/develop <i>a teaching plan</i> for patients of various ages.	Teaching plan Written test
10	Demonstrate understanding of the basis for nursing actions, considering <i>research, evidence, tradition and patient socio-cultural, ethnic and spiritual preferences</i> .	Clinical performance Care plans Lab return demo Simulation
11	Demonstrate professional accountability, competency, and compliance with <i>legal and ethical</i> standards in LPN practice.	Clinical performance Care plans, Lab return demo/Simulation

Program Outcomes: (note: The National Governor's Association and Veterans

Administration will be looking at these and possible other outcomes.)

#	Outcome	Measurement tool	Benchmark(s)	Time frame	Responsible
1	Graduates will possess the knowledge, skills and abilities necessary to practice safely as an entry level practical nurse.	PN predictor exam	90% will achieve or exceed pass rate on the NCLEX-PN predictor exam.	Each exam offering	Faculty
2	Graduates will be awarded a Practical Nursing certificate.	Graduation rate.	90% of students admitted will graduate.	Each program offering	Nurse Administrator
3	Graduates will successfully pass the NCLEX-PN and attain licensure as an LPN.	IDFPR NCLEX-RN report (special category for these students)	NCLEX-PN pass rate meets or exceeds national and state average for traditional LPNs.	Quarterly IDFPR report	Nurse Administrator
4	Graduates will gain employment (as LPNs) after passing NCLEX-PN.	Graduate survey	100% of graduates seeking employment after passing NCLEX-PN are employed within 6 months.	Six months after graduation	Nurse Administrator
5	Graduates will indicate that they were adequately prepared to practice practical nursing.	Graduate survey	90% or more returned surveys will indicate adequate preparation.	Annually	Nurse Administrator
6	Graduates will be adequately prepared to perform as safe Practical Nurses.	Employer Survey	90% or more of the returned surveys will indicate adequate preparation	Annually	Nurse Administrator
7	Graduates of this program offering see a substantial cost savings compared to the graduate of a traditional PN program.	Tuition comparison	Complete the program and NCLEX-PN for a cost at least 65% less than that of the traditional PN program.	Annually	Nurse Administrator and Registrar